

Express Mail No.: ET 1566 70843 US

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Date:

April 21, 2001

To:

Assistant Commissioner of Patents

Washington, DC 20231 Tel: 800-786-9199

Re:

Utility Patent Application

Title: Method and System for Virtual Surgery

Inventors: Chang-Hun Kim, Young-Sik Jeong, Beom-Soo Oh,

Hwa-Sung Kim

Dear Sir or Madam:

Enclosed please find:

- (1) a utility patent application
- (2) a declaration
- (3) a fee transmittal sheet
- (4) a self-stamped post card to be returned
- (5) a check of \$373 payable to the Commissioner of Patents and Trademarks

Thank you very much for your attention.

Sincerely,

Chung K Ko

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PTO/SB/17 (11-00)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. FEE TRANSMITTAL Complete if Known Application Number for FY 2001 Filing Date Chang-Hun First Named Inventor Patent fees are subject to annual revision. **Examiner Name** Group Art Unit TOTAL AMOUNT OF PAYMENT Attorney Docket No. 0 METHOD OF PAYMENT FEE CALCULATION (continued) The Commissioner is hereby authorized to charge 3. ADDITIONAL FEES indicated fees and credit any overpayments to Large Small Deposit Entity Account Entity Number Fee Fee Description Fee Paid Code Code (\$) (\$) Deposit Account Name 105 130 205 65 Surcharge - late filing fee or oath 227 50 25 Surcharge - late provisional filing fee or Charge Any Additional Fee Required cover sheet Under 37 CFR 1.16 and 1.17 130 139 130 Applicant claims small entity status 139 Non-English specification See 37 CFR 1 27 147 2,520 147 2,520 For filing a request for ex parte reexamination 2. X Payment Enclosed: 920* Requesting publication of SIR prior to 112 112 920* Money Check Credit card Examiner action Other 113 1.840* 113 1,840* Requesting publication of SIR after **FEE CALCULATION** Examiner action 115 110 215 55 Extension for reply within first month 1. BASIC FILING FEE Large Entity Small Entity 116 390 216 195 Extension for reply within second month Fee Fee Description Fee Fee 890 217 445 Extension for reply within third month Code (\$) Code (\$) Fee Paid 118 1,390 218 695 Extension for reply within fourth month 101 710 201 (355) Utility filing fee 355 128 1.890 228 945 106 320 206 160 Design filing fee Extension for reply within fifth month 107 490 207 245 310 219 155 Plant filing fee Notice of Appeal 108 710 208 355 Reissue filing fee 120 310 220 155 Filing a brief in support of an appeal 221 135 114 150 214 75 Provisional filing fee 270 Request for oral hearing 138 1,510 138 1,510 Petition to institute a public use proceeding **SUBTOTAL (1)** (\$) 355 140 110 240 55 Petition to revive - unavoidable 2. EXTRA CLAIM FEES 141 1.240 241 620 Petition to revive - unintentional Fee from Extra Claims Fee Paid 142 1.240 242 620 below Utility issue fee (or reissue) ZZ 2 Total Claims -20** = Х 143 440 243 220 Design issue fee Independent ח - 3** = х 0 0 600 244 300 Plant issue fee Muitiple Dependent 122 130 122 130 Petitions to the Commissioner 123 50 123 50 Processing fee under 37 CFR 1 17(q) Large Entity Small Entity 180 126 Fee Fee 126 180 Submission of Information Disclosure Stmt Fee Description Code (\$) Code (\$) 581 40 581 40 Recording each patent assignment per 103 203 18 9 Claims in excess of 20 property (times number of properties) 102 80 202 40 Independent claims in excess of 3 146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a)) 104 270 204 135 Multiple dependent claim, if not paid 149 710 249 For each additional invention to be examined (37 CFR § 1 129(b)) Reissue independent claims over original patent 355 109 80 209 40 110 18 710 279 210 ** Reissue claims in excess of 20 9 355 Request for Continued Examination (RCE) and over original patent 169 900 169 900 Request for expedited examination of a design application (8 (\$) SUBTOTAL (2) Other fee (specify) **or number previously paid, if greater, For Reissues, see above *Reduced by Basic Filing Fee Paid (\$) 0 SUBTOTAL (3) SUBMITTED BY Complete (if applicable) Name (Print/Type) Registration No Ico huno Telephone (Attorney/Agent) 408-655 -46 Signature 12001

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